National Turberculosis Control Programme

†505. SHRI JHUMUK LAL BHENDIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the reasons for failure to achieve the targets set under the National Tuberculosis Control Programme;

(b) to what extent the grants released by Tuberculosis Control Institutions have been utilized during the last three years State-wise/ district-wise; and

(c) the details of the efforts being made at national and local level to activate the programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) The National TB Control Programme (NTCP) which was implemented since 1962 was reviewed by an Expert Committee in 1992. The Committee observed that the Programme has not achieved the epidemiological impact due to the following reasons:—

— Inadequate budget and insufficient managerial capacity.

— shortage of drugs.

— emphasis on X-ray diagnosis resulting in inaccurate diagnosis.

— Poor quality sputum microscopy.

— Multiplicity of treatment regimens.

(b) Details of State-wise/District-wise grants released under the National TB Control Programme and expenditure reported during the last three years are given at Annex.-I and Annex.-II [*See* Appendix 196, Annexure 8].

(c) Revised National TB Control Programme (RNTCP), incorporating diagnosis by sputum microscopy and WHO recommended Directly Observed Treatment—Short Course (DOTS), is being implemented in the country in a phased manner. About 480 million population has already been covered under RNTCP. It is envisaged to cover 800 million population by 2004 and the entire country by 2005. The project districts have reported

†Original notice of the question was received in Hindi.

a cure rate of more than 80% which means that 8 out of every 10 patients diagnosed and put on treatment under the revised strategy are successfully treated as against less than 4 in the previous programme. Since the inception of RNTCP, more than 10 lakhs patients have been put on treatment under DOTS. To make the Programme more effective, NGOs, Private Practitioners and Medical Colleges are being involed under the Programme.

News-item, "Air pollution goes to the heart"

506. SHRI P. PRABHAKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned, "Air pollution goes to the heart", which appeared in 'The times of India' dated 17th June, 2002.

(b) if so, the details thereof and Government's reaction thereto; and

(c) the corrective and preventive steps proposed to be taken in this regard to ensure healthy living for the citizens of Delhi?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Yes, Sir. The World Bank Study estimates that nearly 40,000 people die every year due to air pollution. This estimate of premature deaths is based on a model developed for other countries and applied to India. Therefore, it is very difficult to accept that these deaths are due to only to air pollution and not to any other factors.

(c) The Government have already implemented certain control measures such as introduction of:—

(i) Unleaded petrol
(ii) Bharat I and II emission standards
(iii) Low sulphur diesel
(iv) CNG for commercial vehicles
(v) Pollution Under Control (PUC) certificate, etc.

Central Pollution Control Board, Delhi is the authority for checking the air pollution levels in various cities and for studying the effect of various control measures through the concerned State Pollution Control Boards.